

Getting Started

in the

Child and Adult Care

Food Program



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GETTING STARTED

1.0 INTRODUCTION TO THIS GUIDE

The Child and Adult Care Food Program (CACFP) is a federally funded program with federal oversight in the United States Department of Agriculture (USDA). The North Dakota Department of Public Instruction administers the program at the state level. The goal of the CACFP is to enable child and/or adult care centers to integrate a nutritious food service program with organized care services for all participants. When your institution participates in the CACFP, there is fiscal and administrative accountability that accompany the receipt of the program reimbursement.

The **PURPOSE** of this book *is to provide step-by-step instructions for developing a system to get you through the required paperwork as easily and efficiently as possible. An organized system will assure accurate recordkeeping and the receipt of reimbursement for which your program is eligible.*

By the end of this Guidebook you will know how to:

- Complete a Free and Reduced-Price Meal Application.
- Complete CACFP Claim Form for Reimbursement.
- Organize a system for CACFP operations.

2.0 RECORD RETENTION REQUIREMENTS

All records for the CACFP must be retained on file for a period of three years after the end of the fiscal year to which they pertain.

Required records include: (Those which have * noted will be covered in this book)

1. Copies of all menus
- * 2. Food production records (food items used, amounts prepared and actual number served)
- * 3. Enrollment documents for each participant claimed
- * 4. Free and Reduced-Price Meal Applications
- * 5. Daily attendance records
- * 6. Meal Count Records
- * 7. Copies of the claims for reimbursement
- * 8. Non-profit food service verification
- * 9. Racial/ethnic data collection record

3.0 ENROLLMENT PROCESSES

When your center begins participating in the Child and Adult Care Food Program (CACFP), an enrollment form must be completed for each participant. You may use the prototype tool [CACFP Child Enrollment Form](#) or one your center has developed. Households with more than one participant only need to complete one enrollment form.

3.1 Enrollment Things To Do

- Purchase a file box or cabinet and manila file folders.
- Make sure you have a completed form for each participant in your center.
- File completed forms alphabetically by participant's last name.
- Complete the [CACFP enrollment roster](#) of children enrolled. Complete the following sections: Child's Name and Date Enrolled. The remaining parts of the enrollment roster will be completed in an upcoming section.

Participants must be enrolled in the center for their meals to be claimed under the CACFP.

3.2 Supplemental WIC Outreach Requirement

The Child Nutrition Reauthorization Act of 1998 requires State Agencies to provide information on the Women, Infants, and Children (WIC) program to sponsors on an annual basis. The law further requires center/providers to provide the information to parents at the time of enrollment.

- [Brochure](#)
- [Income Guidelines](#)

4.0 FREE AND REDUCED-PRICE MEAL APPLICATIONS

This Form is Critical for Reimbursement! Please read the following paragraphs carefully as accuracy and a thorough understanding is vital.

4.1 Free and Reduced-Price Meal Application Purpose

The purpose of the Free and Reduced-Price Meal Application is to determine how much the USDA will reimburse a center for the meals and/or snacks served and to determine what amount a family will pay for a child's meals (only if the program charges separately for meals). The amount reimbursed is based on the "claiming category" of each child in the center. To determine the "claiming category":

- Obtain each child's household size and income information.
- Compare this information to the household Income Eligibility Guidelines.

OR

- Obtain a case number if the child receives TANF (Temporary Assistance to Needy Families), or Food Stamps, or an indication that the child receives Food Distribution Program on Indian Reservation (FDPIR) benefits.

Based on a comparison to the household [income eligibility guidelines](#), the application is classified as Free, Reduced-Price or Paid. The Free and Reduced-Price Meal Application must be complete and accurate before a determination can be made.

A completed Free and Reduced-Price Meal Application must be on file at the center for all children claimed for Free or Reduced-Price meal reimbursement. If a parent/guardian chooses not to complete the Free and Reduced-Price Meal Application, the child must be claimed as Paid. (Reimbursement is highest for children classified as Free, and is the least for children classified as Paid.) The application must be received and approved by the last day of the month in order to claim Free or Reduced-Price meals for the child for that month.

The Free and Reduced-Price Meal Application must be updated annually. To make your work easier, collect income information at the same time each year for all participants. August is a good month to update information since USDA issues new household income guidelines in July and the new guidelines may affect the "claiming category" of the children.

4.2 Meal Benefit Notice—Direct Certification

The Meal Benefit Notice is an alternate method for households to apply for free and reduced-price meal benefits. Each year, county and state Social Service agencies issue a letter-type form indicating that the mentioned household is receiving either Food Stamp or TANF (Temporary Assistance for Needy Families) benefits through their agency. A household receiving this letter would be considered categorically eligible for free meal benefits. This form stands in-lieu of a free and reduced-price application. It is considered valid for twelve months from the time of issuance.

4.3 Free and Reduced-Price Application Tips

- Print copies of the [Free and Reduced-Price Meal Application](#) and the [Letter to Households](#). The Letter to Households is required to go with the application as part of the center enrollment packet. Discuss the program with parents/guardians and have them complete it at the time you explain your program. As a reminder, parents may apply for free or reduced-price meal benefits at any time during the year.
- Remember to photocopy both sides of the Free and Reduced-Price Meal Application.
- Keep separate files for free, reduced-price and denied (paid), or place all current applications together in a 3-ring binder alphabetized by the child's last name. File any Meal Benefit Notices along with the applications
- Update all applications annually.
- File the old year applications together. (All program materials must be maintained for three years plus the current year.)

4.4 Free and Reduced-Price Application Things To Do

- Complete the worksheets on the following pages.
- Give a Free and Reduced-Price Meal Application and Letter to Households to **each** of the households with children enrolled in the center. (It is not allowable to only provide forms to those families who you think may be eligible.)
- Instruct households in completing the application and remind them that the information they provide will be kept CONFIDENTIAL.
- Review and make a determination on each of the returned applications. Record determination, date received, date determined, and sign on area provided on the reverse-side of the application.
- File applications according to the method you have chosen.
- Use Free and Reduced-Price Meal Application information only for eligibility purposes. This information is not to be shared with staff or other non-program personnel.

4.5 Free and Reduced-Price Application Steps to Complete

1. Give each parent or guardian the [Letter to Households](#) and the [Free and Reduced-Price Meal Application](#).
2. The household is to complete the Free and Reduced-Price Meal Application as follows:

For all applications an adult signature, the date, address, telephone number and printed name must be provided. (See bottom of form on the Free and Reduced-Price Application)

Section 1: Foster Children

- Full name and age of child.
- Only money the child receives for personal use is considered income.
- A separate application must be completed for each foster child. Foster children cannot be on an application with the foster parents' children.

Section 2: Food Stamp, or TANF, or FDPIR Recipients

- Full name and age of each child enrolled at the center.
- A Food Stamp or Temporary Assistance to Needy Families (TANF) case number must be provided. Or, if commodities are received through the Food Distribution Program on Indian Reservations (FDPIR), indicate, “yes” next to the commodity assistance line.
- The receipt of Food Stamp, TANF, or FDPIR benefits automatically categorizes a child as free for the Child and Adult Care Food Program (CACFP).
- Families receiving Food Stamps, TANF, or FDPIR benefits do not need to complete Section 3 on the Free and Reduced-Price Meal Application and do not provide a Social Security number.

Section 3:

- List the full name of all household members. List the age of those enrolled in the center.
- Enter the amount of current income for all members of the household in the appropriate section(s).
- Enter the Social Security Number of the adult who will sign this form, or write the word NONE if that person does not have a Social Security Number.

3. After the Free and Reduced-Price Meal Application has been completed and submitted, you must do the following:

- Review each Free and Reduced-Price Meal Application for accuracy and completeness. (If any information is missing, the parent/guardian must be contacted before a determination is made.)
- Accurately calculate total income (double-check calculations).
- Use **current** household [Income Eligibility Guidelines](#) to determine the income eligibility category. Households with incomes below 130% of poverty are eligible for free meals. Households with incomes between 130% and 185% of poverty are eligible for reduced-price meals. Households with incomes above 185% of poverty are not eligible for either free or reduced-price meals. They must be claimed as “paid”.

4. On reverse side of form

- Check appropriate eligibility category (Free, Reduced-Price, Denied)
- Sign and date the application for approval
- If the application shows zero income, give application temporary approval and contact the parent/guardian in 45-60 days to see if income status has changed. Document any information obtained during follow-up efforts.
- Add the child's claiming category and approval date of the income application on the [Enrollment Roster](#).

4.6 Free and Reduced-Price Application Common Mistakes

Households

- Missing information (Social Security Number, income, family member, case number).
- Total income calculated incorrectly.
- Signature or date not provided.

Centers

- Determination (Free, Reduced-Price or Denied) not made OR incorrect determination selected.
- Incorrect calculation of the income provided.
- Application is outdated (over 1 year old).
- Center fails to give parent or guardian a copy of the letter to households.

4.7 Free and Reduced-Price Application Common Questions

What is a household?

A Household is defined as a group of related or non-related individuals who are living as one economic group who share housing and all significant income and expenses. A foster child is considered as a household of one.

How do you define "current" income?

Current income is defined as income received during the month prior to the time the Free and Reduced-Price Meal Application is completed. If the prior month's income is not an accurate reflection of the household's annual income, the prior year's income, divided by twelve, may be used as the basis for the monthly household income. Irregular income, such as farm income or seasonal income, may be based on projected annual household income.

How long is the Free and Reduced-Price Meal Application valid?

The application is valid for one year from the date the authorized representative signs and dates the form.

4.8 FREE AND REDUCED-PRICE MEAL APPLICATION WORKSHEET

Review the following example Free and Reduced-Price Meal application ([Appendix A](#)). Find the mistakes on the application. Indicate your responses.

What did you find wrong?

(See [Appendix B](#) for the answers.)

DIRECTIONS: Complete a new [Free and Reduced-Price Meal Application](#) with the information given here. Also make the appropriate determination on the back of the application.

Children to Enroll	Names of Other Household Members	Gross Wages	Social Security Number	Address and Telephone
Angie T. Age 2	Mary T. Mother	\$500/month	701-32-3544	503 Boulevard Bismarck, ND 58504 701/224/2345
Joshua T. Age 5	Bill T. Father	\$350/week		
	Sue T.	\$150/biweekly		
	Heather T.			

(See [Appendix C](#) for the answers.)

5.0 ATTENDANCE RECORDS

Attendance must be kept daily. For the Child and Adult Care Food Program (CACFP), you must choose one of the following forms for your attendance record:

Options

- Time In/Time Out Record
- Daily Attendance Record

5.1 Time In/Time Out Record

Each center should have records showing when children arrive and leave each day. For your protection and the child's, the center staff or the adult who drops off or picks up the child should sign the Time In/Time Out Record.

Time In/Time Out Record

- one page for each **day**
- all children's names are on the same page listed alphabetically by last name

Refer to [CACFP Time-In/Time-Out Record](#) for sample.

5.2 Daily Attendance Records

Daily attendance records can be the classroom roll books or you can put this information on your Meal Count Record *if you have separate column for attendance*.

5.3 Attendance Records Tips

- Take attendance early in the day after most children have arrived.
- Take attendance at the same time each day so it becomes routine.

5.4 Attendance Things To Do

- Set up your Time In/Time Out Record and/or your Daily Attendance Record.
- Type/print names alphabetically by last name.
- Leave blank lines before each new letter of the alphabet.
- File completed Attendance forms in a monthly file with other documents for that month.

6.0 AVERAGE DAILY ATTENDANCE

The following steps need to be taken to calculate the Average Daily Attendance (ADA) on the CACFP Claim for Reimbursement.

1. At the end of each day, count the number of different enrolled children who were in care that day.
2. At the end of the reporting month, add the daily attendance totals. This figure is your monthly attendance.
3. Determine the ADA by dividing the total monthly attendance by the number of days that meals were served.

The following is an example.

Date and Daily Attendance		Date and Daily Attendance		Date and Daily Attendance		Date and Daily Attendance		Date and Daily Attendance		Weekly Total
July 1	<u>21</u>	July 2	<u>18</u>	July 3	<u>23</u>	July 4	<u>23</u>	July 5	<u>19</u>	<u>104</u>
July 8	<u>25</u>	July 9	<u>19</u>	July 10	<u>26</u>	July 11	<u>17</u>	July 12	<u>21</u>	<u>108</u>
July 15	<u>22</u>	July 16	<u>22</u>	July 17	<u>17</u>	July 18	<u>26</u>	July 19	<u>22</u>	<u>109</u>
July 22	<u>21</u>	July 23	<u>23</u>	July 24	<u>24</u>	July 25	<u>19</u>	July 26	<u>20</u>	<u>107</u>
July 29	<u>20</u>	July 30	<u>17</u>	July 31	<u>19</u>					<u>56</u>

Monthly total: 484 ÷ number of days for July (23) = ADA 22

Always round fractions UP to the next highest whole number.

7.0 MEAL COUNT RECORD (MCR)

All centers participating in the CACFP in North Dakota must keep meal count records by eligibility category. The number of meals must be reported as served in each category (free, reduced-price, and paid). Most centers will find that a name checklist works very well for tracking meal participation. The [Meal Count Record Form](#) can be used as a prototype.

The Meal Count Record (MCR) lists the name of each child and **exactly** which meals each child ate.

Record meal counts on the Meal Count Record at or near the time of the meal service. Accuracy is essential. If mistakes occur with meal reimbursement, money will have to be repaid to the North Dakota Department of Public Instruction, Child and Adult Care Food Program (CACFP).

7.1 Meal Count Record Common Mistakes

- Form is not completed at the point of service, which is while the participants are eating.
- More than three meals/snacks are checked and claimed. (A maximum of two meals and one snack or two snacks and one meal can be claimed per child per day.)
- Meal counts are totaled incorrectly.
- Counting is left until the end of the month.
- Meal counts from two different months are included on a Meal Count Record.
- Children are claimed in two different classrooms.
- Forgetting to include infants on the Meal Count Record. (only if claiming infant meals). Refer to Section [12.4](#), [12.5](#), and [12.6](#) of this manual for further details regarding infant participation.

7.2 Meal Count Record Suggestions for Completing Accurately

1. Create a Master List of children on the Meal Count Record.
 - print or type name of class or age group
 - print or type name of child (last, first, alphabetically)
 - print or type date
 - have another person double-check your work
2. Place an X in the boxes to show who is eating during meal or snack time. **Never** put this task off for later. It is not allowable to mark only those children not eating. Program regulations require a count of children eating.

3. Total the counts for each child for the week by meal type (breakfast, lunch, supper, snack). Record the weekly subtotal at the column provided for totals. It may be helpful to make time each week to subtotal the meal count forms. This will prevent a long process at the end of the month.
4. In order to report numbers by eligibility category, it will be necessary to break down by meal type and by eligibility category. At the end of the month, the meal counts for the eligible free children can be highlighted one color and the eligible for reduced price eligibles can be highlighted another color. This will make totaling the free, reduced price and paid meal counts much easier.

7.3 Meal Count Record Tips

- Use one MCR form per week. If a new month starts in the middle of a week, use a new meal count record.
- Keep one MCR form for each classroom.
- Keep MCR form on a clipboard with a pencil attached.
- Keep the clipboard near the place where the children eat.
- Fill out MCR form everyday at meal and snack times.
- Use highlighters to track eligibility categories. Do not encode the daily forms with eligibility information if it will be kept in a public area. This is confidential information. Instead wait until the form has been submitted to your office for processing.

7.4 Meal Count Record Things To Do

- Complete the sample worksheet
- Type or print the complete name of each child in your center alphabetically on the MCR form by last name.
- Have another person double-check your work.
- Count the total number of meals and snacks daily and total for the month.
- Attach the completed MCR to your copy of the claim for reimbursement for that month.
- Start a new sheet at the beginning of the month – even if the month starts in the middle of the week.

7.5 MEAL COUNT RECORD (MCR) WORKSHEET

Use the information provided below to complete the [Meal Count Record](#). Refer to [Appendix D](#) for the answers.

Names of Children Enrolled	Meals Eaten				
	Mon 10/1	Tues 10/2	Wed 10/3	Thur 10/4	Fri 10/5
Erika B.	B L SN	B L	B L	B L SN	B L SN
Nicole M.	B L SN	B L	Absent	B L SN	B L SN
Justin H.	B L SN	L SN	B L SN	B L SN	B L SN
Rena W.	B L SN	Absent	B L SN	B L SN	B L SN
Tom Z.	B L SN	L	B L SN	B L SN	B L SN

Meals Eaten codes indicate. . .Child ate **B**=Breakfast, **L**=Lunch, **SN**=Snack

8.0 CLAIM FOR REIMBURSEMENT

Claims for reimbursement are filed using the on-line FNP System (if a center does not have internet access, paper forms will be provided). See [Appendix E](#). Introduced in 2001, the FNP System is used for reporting monthly claim information as well as program application and participation information. Internet access is a requirement for the FNP System. It is vital that the FNP System information be kept updated. Promptly update any changes in contact personnel, telephone numbers, food service lead workers, address information, etc.

Once approved to participate in the CACFP, your center will be assigned a user-id and password for access to the FNP System. An on-line tutorial guide is available to help train and assist the center staff with the FNP System requirements. In addition, technical support is available through the Child Nutrition Office.

As soon as possible after the month is over and no later than the 10th of the month, electronically send the appropriate monthly FNP claim to the North Dakota Department of Public Instruction, Child and Adult Care Food Program. Once saved, all claim information is maintained within the system. There is no need to maintain a paper copy for your file.

The information on this form determines how much reimbursement you receive. The reimbursement check is based on the number of meals served during the month and the eligibility status (Free, Reduced-Price, Paid) of the children claimed for those meals. The meals claim is paid based on the current [CACFP Reimbursement Rates](#).

It is critical that this information be reported accurately. If you have claimed Free or Reduced-Price status for children, you must have proper documentation on the Free and Reduced-Price Meal Application.

The FNP System has a series of edit checks that must be successfully passed before a claim can be submitted and approved for payment. If questions arise due to edit check warnings, please contact Child Nutrition Programs for further assistance.

8.1 Claim for Reimbursement Form Completion Steps

Go to the Child Nutrition and Food Distribution Programs web site at <http://www.state.nd.us/child/index.shtm>.

Enter this address into your Favorites for easy future reference.

Click on the FNP icon. This is found in the lower right hand corner of your screen. It may be necessary to scroll down the page in order to clearly see the icon. Look for the outline of the State of North Dakota with the letters FNP written in the drawing.

Click on the FNP icon. This will provide direct access to the FNP System.

Enter appropriate user id and password information.

Click on the Claims bar.

The Claims Search window will appear on the left hand side of the screen. Click on the appropriate center name (from the drop down box), year, and claim month. NOTE: If your program operates in more than one location, each site's information will need to be entered separately.

Click on the Search button. A link for the claim will appear in the upper-right corner. Click on the link. The appropriate claim form will appear on your screen. Some information will already be filled in on the form. The boxed-in areas are the information that must be completed for claims processing.

Information needed to complete the claim form:

GENERAL INFORMATION:

Days served: This is the number of operational days for the claim period. Do not include holidays, weekends, etc. unless the center was open and served meals during that time.

Average Daily Attendance: Enter the number in whole numbers. If necessary, round up to the nearest whole number. See [section 6.0](#) for assistance with calculating Average Daily Attendance.

Participants Enrolled: This number is the total number of participants actively enrolled during the claim period. To be considered active, each participant must have been served at least one meal or snack during the claim period. Include the grand total from all eligibility categories (free, reduced-price, and paid).

Participants Approved for Free Meals: This is the number of individuals that are approved for free meal benefits that were actively participating during the claim period. Remember, they must have participated in at least one meal/snack during the month. In addition, a current approved application must be on file for free meal benefits.

Participants Approved for Reduced-Price Meals: This is the number of individuals that are approved for reduced-price meal benefits that were actively participating during the claim period. Remember, they must have participated in at least one meal/snack during the month. In addition, a current approved application must be on file for reduced-price meal benefits.

MEAL SERVICE INFORMATION:

In this area, the total number of meals served, by eligibility category and meal type are recorded. This information is very important as it is directly tied to the amount of federal reimbursement the center will receive. Accuracy is vital.

The Meal Count Records (MCR) will be used to obtain this information. It may be helpful to highlight on the MCR forms to track eligibility categories. For example, highlight the free eligibles in pink and the reduced-price eligibles in yellow. This may help in the claim totaling and reporting process.

Enter in meal totals by eligibility category. Example: total free eligible breakfasts, total reduced-price eligible breakfasts, total paid breakfasts, etc.

SPONSORING AUTHORITY CERTIFICATION:

A disclaimer is stated at the end of the claim form certifying that the information listed on the claim form is accurate. It also recognizes full responsibility for any excess amounts that may result due to errors in reporting.

SAVE INFORMATION:

Check the claim form for accuracy.

Scroll to the bottom of the claims screen.

Click on the SAVE button.

Your information has now been saved within the FNP System.

There is one additional step to the claims process. Once all site information has been entered the claim needs to be released for processing. This step is crucial! Payment will not be made until the claim is released to Child Nutrition Programs.

CLAIMS RELEASE

Go back to the Main FNP Screen.

Click on Payment Summary.

Click on Federal Payments.

Refer to the Federal Payments Search Window. This is found on your left-hand side on your screen.

Enter appropriate year, month, and program.

Click on Search.

The next screen that will appear is the Payment Summary window. The Sponsor name, year, month, type of claim, claim status, and view feature will appear.

Click on View. This is your last chance to review for accuracy. In addition, the total amount of the reimbursement will be available from this screen. Once assurance is made that things are accurate go back to the Payment Summary Search Result window.

From the Payment Summary Search Result window find the column with the Released? Heading. There will be a box directly below the heading. Click on the box and a check-mark will appear. Scroll to the bottom of the top section and click on **SAVE**.

Your claim has now been submitted to Child Nutrition Programs for processing!

8.2 Claim for Reimbursement Things to Do

- Obtain meal count record (MCR) forms from all classrooms at the end of the month.
- Review MCR to ensure only the claim period is recorded. Do not include any days from the previous or current month. The claim must only reflect days served in the claim period.
- Total meals by eligibility category and type. A highlighter may be helpful in this process.
- Double check totals.
- Prepare other numbers needed for the claim including days served, average daily attendance, participant total enrollment, number of free eligibles, number of reduced-price eligibles.
- Enter claim into FNP System.
- Double check for accuracy.
- Release claim for payment.

8.3 Claim for Reimbursement Common Mistakes

- Period covered by the claim is more than one month (If there are 10 days or less from a month, they can be included on the next months' claim or the previous month's claim).
- Meal counts are not totaled correctly.
- Enrollment is not correct. Enrollment is the number of children who were enrolled for care in the center for the month, who ate at least one meal or snack.
- Number of free and reduced-price eligibles is incorrect. Eligibles must have participated during the month and have a current, approved application on file.
- Claim is not released for payment.

8.4 Claim for Reimbursement Edit Checks

Each claim must pass these edit checks before it is processed:

1. The number of meals by type cannot exceed the number eligible multiplied by the number of days served.
2. Average daily attendance cannot exceed enrollment.

****If a claim error or warning occurs, read the message carefully. A required field may not have been completed or other information may be missing. If unable to resolve the error or warning, contact Child Nutrition Programs for assistance.**

9.0 FISCAL RECORD MAINTAINANCE

The [Child and Adult Care Food Program \(CACFP\) regulations](#) require that all food program reimbursement funds be used exclusively for the food service operation or improvement of the food service facilities. In addition, the CACFP portion of the center must maintain a nonprofit balance. A nonprofit balance is defined as no more than a three-month operating balance.

You **must keep records** of your **operating** and **administrative costs** to show that all reimbursement is being used for the food service operation.

9.1 Allowable Costs

Allowable costs are operating and administrative costs that may be covered by your reimbursement. Examples include:

Food costs

- Amount spent for food plus the amounts spent for transportation and storage of food.

Food service labor costs

- Wages, employee benefits and taxes paid for foodservice labor. Time spent on menu planning, meal production records, CACFP paperwork, preparing, serving, cleaning up, supervision of food service operation or children during mealtime can be charged to the CACFP.

Equipment

- Stove, refrigerator, dishwasher, freezer, microwave, etc. used for foodservice operation.

Payroll Time and Effort

- A time and effort report is a daily record of how much time a person worked on a specified food service task.
- Time and effort reports are needed for employees who spend a portion of their time on food service tasks and have other non-foodservice related duties.

Administrative costs

- Money used for planning, organizing and managing your food service program including labor, accounting, telephone, postage, mileage and printing costs.

Purchased services

- Rental equipment, maintenance and repair of food service equipment, utilities, security and janitorial services.
- Contract food service costs.

Depreciation expense

- Normal wear and tear of food service equipment resulting in a loss of value for the equipment.

Cost of non-food supplies

- Paper goods, cleaning supplies, dishes, cups, glasses, utensils, and small equipment costs used by the food service.

Miscellaneous

- Mileage to and from the grocery store.
- Costs of storing/shipping commodity foods.

9.2 Fiscal Record Tips

- Keep **all** itemized receipts and invoices related to food service.
- Keep payroll records and time and effort records.

9.3 Fiscal Record Things To Do

- Keep all food service cost receipts, invoices and records in a monthly file folder filed by the date the item was purchased.
- Annually all sponsors of centers participating in the CACFP must complete the following forms and return to Child Nutrition Programs. They include SFN 52041 [Non-Profit Status and Budget Report](#) and SFN 51917 [Federal Fund Disclosure Report](#) for reference. These reports provide important fiscal information to the Child Nutrition Programs office.

9.4 Procurement Procedures

- All purchases conducted with USDA funds must be conducted in a competitive manner.
- All major purchases (\$10,000 or greater) must be conducted by a formal bid process.
- Refer to the [Procurement Policy](#). Review the [Procurement Provisions and Assurances](#). This document is applicable for all programs
- If meals are catered/vended, refer to CACFP SFN 52523 [CACFP Procurement Process Certification](#), and the CACFP [Food Service Contract](#). These forms must be completed annually for all programs serving catered/vended meals.

10.0 CACFP RECORD CHECKLIST

The following checklist summarizes the types of records, which must be available in your center at all times. Records must be maintained for three years plus the current year.

- ☐ Applications for Free and Reduced-Price Meal Benefits and Direct Certifications that have been submitted by households. (This includes applications that have been denied.)
- ☐ Records of meals served.
- ☐ Daily Menu and Production Records (See Sections [12.2](#), [12.3](#), and [12.5](#) for further details.)
- ☐ Copy of your currently approved CACFP Program, Free and Reduced-Price Policy Statement, and supporting documents that have been approved by the North Dakota Department of Public Instruction.
- ☐ Invoices, grocery receipts and records that document administrative costs and income to your program. Payroll records for foodservice staff; payroll records and time certification documentation for CACFP administrative and clerical staff.
- ☐ Copies of claims submitted to the North Dakota Department of Public Instruction (only if filing paper claims).
- ☐ Copies of worksheets to support claims.
- ☐ Check stubs for CACFP payments you have received from the North Dakota Department of Public Instruction, UNLESS you are on direct deposit. Bank statements may be used

to document direct deposits.

- ☐ A copy of your most current audit if your center receives more than \$300,000 in federal financial assistance.
- ☐ A training log or certificates that documents training workshops your staff has attended.
- ☐ A copy of your current license.
- ☐ The “And Justice For All Poster” must be displayed. This poster is provided by our office.
- ☐ Procurement file if CACFP purchases exceeded \$25,000 for single items.
- ☐ Documentation that the center has completed the [Racial/Ethnic Data Collection Record](#) documenting both the area served and the actual participants. This form must be completed annually and retained on file with program materials.

11.0 FREE AND REDUCED-PRICE MEAL APPLICATION WORKSHEET ANSWERS

- Each foster child must be on his/her own application.
- No Food Stamp or TANF case number is recorded; therefore, income must be used to make determination.
- “Mom” Smith's income has been misreported. Only one salary is earned, but income was calculated across the categories. “Mom” must be contacted to see when she is typically paid.
- No Social Security number is listed.

12.0 CACFP MEAL PATTERN

Purpose: The purpose of the CACFP Meal Pattern is to provide a guide for planning and serving nutritious meals/snacks to the participants enrolled in the program. The following charts include required food items and minimum serving sizes that must be available for all children enrolled in the program.

12.1 CACFP MEAL PATTERN FOR CHILDREN AGES 1-12

The CACFP Meal Pattern details the required components and minimum serving sizes for all meals/snack served to children 1-12 years of age. Refer to [CACFP Meal Pattern for Ages 1-12](#).

For further guidance, please refer to the [Crediting Foods for USDA Child Nutrition Programs](#).

NOTATION: Adult day care center may also participate in the CACFP. Please refer to the Child Nutrition

website for the Adult Meal Pattern.

12.2 MENU REPORTING FORM

All meals claimed for reimbursement must be documented. The following form is provided to aid centers in planning and recording menus. It is crucial that all required components be thoroughly documented for each meal/snack claimed for reimbursement. See the CACFP Menu Grid ([Appendix F](#)) for a prototype.

12.3 PRODUCTION RECORDS

A required recordkeeping aspect of the CACFP includes production records. All centers that conduct on-site food preparation must document the total quantities of food prepared for each meal/snack prepared and claimed for reimbursement. The Production Record sheet ([Appendix G.1](#)) is designed to aid centers in documenting all required items. Refer to [Appendix G.2](#) for a completed production record sheet).

12.4 INFANT MEAL PARTICIPATION

All centers participating in the CACFP that provide care to infants must make meals/snacks accessible to infants. Centers must select and offer at least one-major brand of iron-fortified infant formula to all enrolled infants.

The parent/guardian has several options regarding their child's participation in the CACFP. **The form [Infant Participation in the CACFP](#) is to be completed for all infants enrolled for care.** If the infant's participation in the CACFP changes, a new form must be completed and retained on file.

Meals/snacks served to infants may be claimed for CACFP reimbursement under the following situations:

Infants 0-7 Months of Age

- Center supplies the iron-fortified infant formula.
- Parent supplies the formula but infant is at least 4 months of age AND receiving other foods (iron-fortified infant cereal, fruits/vegetables) that are provided by the center.
- Mother supplies expressed breastmilk for caregiver to administer at feeding time.
- Mother is a staff member of the center and chooses to nurse her child during hours of center care.

Infants 8-12 months of Age

- Center supplies the iron-fortified infant formula and all other foods consistent with CACFP guidelines.
- Parent supplies the formula. All other foods (iron-fortified infant cereal, fruits/vegetables, etc.) are provided by the center consistent with CACFP guidelines.
- Mother supplies expressed breastmilk for caregiver to administer at feeding time. All other foods (iron-fortified infant cereal, fruits/vegetables, etc.) are provided by the center consistent with CACFP guidelines.
- Mother is a staff member of the center and chooses to nurse her child during hours of center care. All

other foods (iron-fortified infant cereal, fruits/vegetables, etc.) are provided by the center consistent with CACFP guidelines.

12.5 CACFP INFANT MEAL PATTERN

The CACFP Infant Meal pattern details the required components and minimum serving sizes for all meals/snacks served to children from birth until their first birthday. Refer to the [CACFP Infant Meal Pattern](#), for an example.

For further guidance, please refer to the [Crediting Foods for USDA Child Nutrition Programs](#).

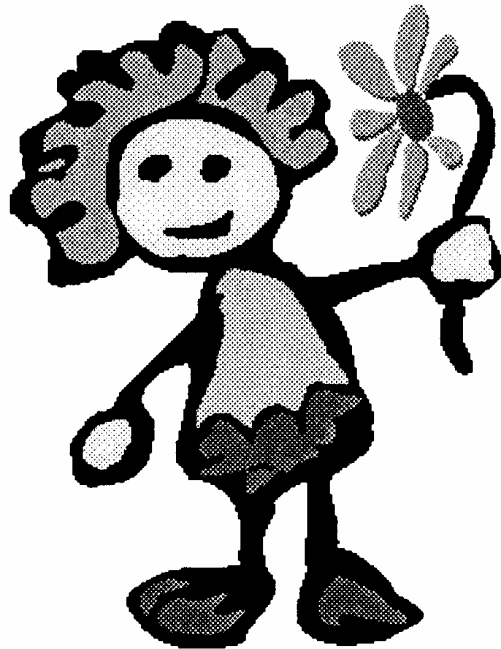
12.6 INFANT MENU RECORD

This form is designed for documenting the foods served to children less than one year of age. Please note the form is separated into two various age categories (0-7 month and 8-12 months). This form designed to records meals/snacks served and claimed for children from birth to the day before their first birthday. Refer to the prototype [CACFP Infant Menu Record](#).

A completed example of the Infant Menu Record is available for reference. Refer to [Appendix H](#) for the completed infant menu record.

NOTE: The infant menu record reports only the menu served to infants. In addition, the meal count record (MCR) form must be completed for all infant meals claimed for reimbursement.

You have now completed the necessary steps to complete an accurate claim for reimbursement. If you have additional questions, please contact our office, in-state toll-free, at 1-888-338-3663 or 701-328-2294 or e-mail staff [Kim Jacobson](#) , [Deb Egeland](#) , [Kathy Grafsgaard](#) or [Carla Wardzinski](#).



APPLICATION FOR FREE AND REDUCED-PRICE MEALS-CACFP
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION & FOOD DISTRIBUTION PROGRAMS

(Return this completed form to the center)

Appendix A

(Rev.6/02) G/CACFP/Centers/Getting Started Manual/Appendix A

Foster Child: If this application is for a foster child, complete ONLY SECTION 1 sign below and return

1. Food Stamp Households, TANF, or Commodity Recipients: If this application is for a child(ren) receiving Food Stamp, TANF, or Commodity benefits complete ONLY SECTION 2, sign below and return.
2. All Other Households: Complete ONLY SECTION 3, sign below and return.

Foster Child: In certain cases a foster child is eligible for free or reduced-price meals regardless of your household income. If you have a foster child living with you who meets the definition of a foster child as defined on the back of this application, complete this section only, sign the application and return it to the center office. You must complete a separate application for each foster child.

Foster Child's Name	Center	Age	Monthly Income (monies received for child's personal use only, even if \$0)
Brian Jones	xyz	3	\$0.00

Food Stamp Households, TANF or Commodity Recipients: If you are NOW receiving Food Stamps or TANF for your child(ren), enter the Food Stamp or TANF case number(s) in the space provided at the left. If you are now receiving Commodity assistance for your child(ren) indicate "yes" in the space beside the notation "Commodity Assistance." If all children receive Food Stamps, TANF or Commodity Assistance, do not complete Section 3. Sign the application and return it to the center. If there is any child for whom you do not receive Food Stamps, TANF or Commodity assistance, complete Section 3 below. If you receive a Meal Benefit Notice from the Department of Human Services, you may sign that notice and submit it to the center instead of this application.

Case Number	Child's Name	Center	Age	Child's Name	Center	Age
TANF #	1. Brady	xyz	1	4.		
F.S. #	2. Stephanie	xyz	4	5.		
Commodity Assistance	3. Brian Jones	xyz	3	6.		

All Other Households: (a) List the names of EVERYONE living in your household. If you need more space, attach a separate sheet of paper. (b) List all income received on the same line with the person who received it. Record income under the correct pay period category. See the back of this application for additional assistance with income. (c) Print the Social Security Number of the household member who signs the form. If this household member does not have a social security number, write "none".

Household Members: List the names of all household members	Center (if applicable)	Age	Earnings from work before deductions. Enter gross income under the appropriate pay period. Record each income only once.					Other Income		
			Weekly	Every Two Weeks	Twice a Month	Monthly	Annual	Farm/Self-Employment (Annual) (See Back)	Child Support/ Alimony Per Month	All Other Income (interest, unemployment, soc. Security) (Indicate how often)
Mom Smith			\$200.00	\$400.00		\$800.00				
Brady Smith	xyz	1								
Stephanie Smith	xyz	4								
Brian Jones	xyz	3								

Household Member Name	Social Security Number
Mom Smith	

OTHER BENEFITS: You do not have to complete this part to receive free or reduced price school meals. Is your child(ren) currently covered by health insurance? ☐ yes ☐ no
If you answered no, your children may be eligible for the Healthy Steps Children's Insurance Program. Check here if you would like to receive an application for the Healthy Steps Program. ☐

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that center officials may verify the information on the application; and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult Household Member	Date	Home Phone	Work Phone
Mom Smith	8/1/03	555-5555	555-1111
Print Name (Last, First)	Street Address	City	State
Mom Smith	1234 Oak St	Any City	ND
			Zip
			58000

<div>DEFINITIONA foster child is a child who is living with a household, but who remains the legal responsibility of the welfare agency or court. Such a child is considered a household of one.</div> <div>INCOME FORIn determining income for the foster child, only the following CHILDREN should be considered.</div> <div><div>1. Funds provided by the welfare agency that are specifically identified by category for personal use of the child, such as for clothing, school fees, and allowances. Welfare funds identified by category for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income.</div><div>2. Other funds received by the child. This includes but is not limited to, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time jobs.</div></div>		<div>Foster Children</div>
<div>Section 9 of the National School Lunch Act requires that unless your children's Food Stamp or TANF case number is provided or Commodity Assistance is received for your child(ren), you must include a social security number on the application. This should be the social security number of the adult household member signing the application, or an indication that the household member does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have a social security number, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp or welfare office to determine current certification for the receipt of Food Stamps or TANF benefits, contacting a local food distribution office to verify a household's receipt of Commodity assistance, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.</div>		<div>Social Security Numbers</div>
<div>DATE RECEIVED</div> <div>DATE OF APPROVAL & NOTIFICATION TO FAMILY</div> <div>DETERMINATION: <input type="checkbox"/> Approved Free Reason For Denial:</div> <div><input type="checkbox"/> Reduced Price <input type="checkbox"/> Denied</div> <div>SIGNATURE OF DETERMINING OFFICIAL</div>		<div>Calculating Income</div> <div>To determine yearly income: If paid every week, multiply the weekly gross income by 52. If paid every two weeks, multiply the gross income by 26. If paid twice a month, multiply the gross income by 24. If paid once a month, multiply the gross income by 12.</div> <div>Calculating Farm or Self-Employment Income</div> <div>Persons engaging in farming or who operate other types of private business where cash flow varies throughout the year, making it impossible to predict income with any accuracy, may use their income tax records for the preceding calendar year and adjust for the current year. Any adjustments made for the current year must be substantiated with documents for verification purposes. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income.</div> <div>ALSO, IF YOU HAVE ADDITIONAL INCOME FROM OTHER SOURCES, THIS INCOME MUST BE TREATED AS SEPARATE AND APART FROM THE INCOME GENERATED FROM YOUR BUSINESS OR FARM VENTURE.</div> <div>The information for arriving at allowable income from a private business operation may be taken from the Income Tax Return – 1040 form.</div> <div>*FARMING INCOME: Add together the amounts reported on the following lines of your 1040 Form, if the amounts relate to farm income. Line 13 \$() (capital gain or loss) Line 14 \$() (other gains or losses) Line 17 \$() (rent, royalties, etc.) Line 18 \$() (farm income or loss) Total \$ ()</div> <div>(Transfer this total to the front of the application under Farm/Self Employment Income. If the total is negative, it must be transferred to the front of this application as \$0. A NEGATIVE CANNOT BE USED TO OFFSET ANY OTHER INCOME)</div> <div>*SELF-EMPLOYED OR BUSINESS INCOME: Add together the amounts reported on the following lines of your 1040 Form, if related to business income. Line 12 \$() (business income or loss) Line 13 \$() (capital gain or loss) Line 14 \$() (other gains or losses.) Line 17 \$() (rent, royalties, etc.) Total \$ ()</div> <div>(Transfer this total to the front of the application under Farm/Self Employment Income. If the total is negative, it must be transferred to the front of this application as \$0). A NEGATIVE CANNOT BE USED TO OFFSET ANY OTHER INCOME.</div> <div>NOTE: THIS IS FOR THE CALCULATION OF FARM AND BUSINESS INCOME ONLY. ALL OTHER INCOME RECEIVED BY THE FAMILY MUST BE LISTED ON THE FRONT OF THIS FORM.</div>

Free and Reduced Price Meal Application Worksheet Answers

- ✓ Each foster child must be on his/her own application.
- ✓ No Food Stamp or TANF case number is recorded; therefore, income must be used to make a determination.
- ✓ “Mom” Smith’s income has been misreported. Only one salary is earned, but income was calculated across the categories. “Mom” must be contacted to see when she is typically paid
- ✓ No Social Security number is listed.

APPLICATION FOR FREE AND REDUCED-PRICE MEALS-CACFP
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION & FOOD DISTRIBUTION PROGRAMS

(Return this completed form to the center)

Appendix C

3. **Foster Child:** If this application is for a foster child, complete ONLY SECTION 1 sign below and return
4. **Food Stamp Households, TANF, or Commodity Recipients:** If this application is for a child(ren) receiving Food Stamp, TANF, or Commodity benefits complete ONLY SECTION 2, sign below and return.
5. **All Other Households:** Complete ONLY SECTION 3 sign below and return.

Foster Child's Name		Center		Age	Monthly Income (monies received for child's personal use only, even if \$0)	
Foster Child: In certain cases a foster child is eligible for free or reduced-price meals regardless of your household income. If you have a foster child living with you who meets the definition of a foster child as defined on the back of this application, complete this section only, sign the application and return it to the center office. You must complete a separate application for each foster child.						
Case Number	Child's Name	Center	Age	Child's Name	Center	Age
TANF #	1.			4.		
F.S. #	2.			5.		
Commodity Assistance	3.			6.		
All Other Households: (a) List the names of EVERYONE living in your household. If you need more space, attach a separate sheet of paper. (b) List all income received on the same line with the person who received it. Record income under the correct pay period category. See the back of this application for additional assistance with income. (c) Print the Social Security Number of the household member who signs the form. If this household member does not have a social security number, write "none".						
Earnings from work before deductions. Enter gross income under the appropriate pay period. Record each income only once.				Other Income		
			Every Two Weeks	Twice a Month	Monthly	Annual
Household Members: List the names of all household members	Center (if applicable)	Age				
Angie J.	ABC	2				
Joshua J.	ABC	5				
Mary J.					\$500.00	
Bill J.			\$350.00			
Sue J.			\$150.00			
Heather J.						
Household Member Name		Social Security Number		555-55-5555		
OTHER BENEFITS: You do not have to complete this part to receive free or reduced price school meals. Is your child(ren) currently covered by health insurance? <input type="checkbox"/> yes <input type="checkbox"/> no If you answered no, your children may be eligible for the Healthy Steps Children's Insurance Program. Check here if you would like to receive an application for the Healthy Steps Program. <input type="checkbox"/>						
I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that center officials may verify the information on the application; and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.						
Signature of Adult Household Member		Date	Home Phone		Work Phone	
Mary J		8/1/03	555-5555			
Print Name (Last, First)		Street Address	City	State	Zip	
Mary T.		503 Boulevard	Any City	ND		58000

Foster Children		Calculating Income
<p>DEFINITION A foster child is a child who is living with a household, but who remains the legal responsibility of the welfare agency or court. Such a child is considered a household of one.</p> <p>INCOME FOR In determining income for the foster child, only the following CHILDREN should be considered.</p> <p>3. Funds provided by the welfare agency that are specifically identified by category for personal use of the child, such as for clothing, school fees, and allowances. Welfare funds identified by category for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income.</p> <p>4. Other funds received by the child. This includes but is not limited to: monies provided by the child's family for personal use and earnings from employment other than occasional or part-time jobs.</p>		<p>To determine yearly income:</p> <p>If paid every week, multiply the weekly gross income by 52.</p> <p>If paid every two weeks, multiply the gross income by 26.</p> <p>If paid twice a month, multiply the gross income by 24.</p> <p>If paid once a month, multiply the gross income by 12.</p>
Social Security Numbers		Calculating Farm or Self-Employment Income
<p>Section 9 of the National School Lunch Act requires that unless your children's Food Stamp or TANF case number is provided or Commodity Assistance is received for your child(ren), you must include a social security number on the application. This should be the social security number of the adult household member signing the application, or an indication that the household member does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have a social security number, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp or welfare office to determine current certification for the receipt of Food Stamps or TANF benefits, contacting a local food distribution office to verify a household's receipt of Commodity assistance, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.</p>		<p>Persons engaging in farming or who operate other types of private business where cash flow varies throughout the year, making it impossible to predict income with any accuracy, may use their income tax records for the preceding calendar year and adjust for the current year. Any adjustments made for the current year must be substantiated with documents for verification purposes. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income.</p> <p>ALSO, IF YOU HAVE ADDITIONAL INCOME FROM OTHER SOURCES, THIS INCOME MUST BE TREATED AS SEPARATE AND APART FROM THE INCOME GENERATED FROM YOUR BUSINESS OR FARM VENTURE.</p> <p>The information for arriving at allowable income from a private business operation may be taken from the Income Tax Return – 1040 form.</p> <p>*FARMING INCOME: Add together the amounts reported on the following lines of your 1040 Form, if the amounts relate to farm income.</p> <p>Line 13 \$ _____ (capital gain or loss)</p> <p>Line 14 \$ _____ (other gains or losses)</p> <p>Line 17 \$ _____ (rent, royalties, etc.)</p> <p>Line 18 \$ _____ (farm income or loss)</p> <p>Total \$ _____</p> <p>(Transfer this total to the front of the application under Farm/Self Employment Income. If the total is negative, it must be transferred to the front of this application as \$0. A NEGATIVE CANNOT BE USED TO OFFSET ANY OTHER INCOME)</p> <p>*SELF-EMPLOYED OR BUSINESS INCOME: Add together the amounts reported on the following lines of your 1040 Form, if related to business income.</p> <p>Line 12 \$ _____ (business income or loss)</p> <p>Line 13 \$ _____ (capital gain or loss)</p> <p>Line 14 \$ _____ (other gains or losses.)</p> <p>Line 17 \$ _____ (rent, royalties, etc.)</p> <p>Total \$ _____</p> <p>(Transfer this total to the front of the application under Farm/Self Employment Income. If the total is negative, it must be transferred to the front of this application as \$0). A NEGATIVE CANNOT BE USED TO OFFSET ANY OTHER INCOME.</p> <p>NOTE: THIS IS FOR THE CALCULATION OF FARM AND BUSINESS INCOME ONLY. ALL OTHER INCOME RECEIVED BY THE FAMILY MUST BE LISTED ON THE FRONT OF THIS FORM.</p>
FOR OFFICIAL USE ONLY		
Date Received	Date of Approval & Notification to Family	
Determination:		
<input type="checkbox"/> Approved Free <input type="checkbox"/> Reduced Price <input type="checkbox"/> Denied		
Reason For Denial:		
Signature of Determining Official		

G/CACFP/Centers/Getting Started Manual/Appendix D



CACFP CLAIM FOR REIMBURSEMENT – SITE MEAL SERVICE

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

SFN 53103 (10-01)

Appendix E

Sponsoring Authority Information

Sponsoring Authority ID	Sponsoring Authority Name
-------------------------	---------------------------

Site Information

Site ID		Site Name
Year	Month	Type of Claim <input type="checkbox"/> Original <input type="checkbox"/> Adjusted

General Information

Days Served		Average Daily Attendance
Participants Enrolled	Participants Approved Free	Participants Approved Reduced-Price

Meal Service Information

	Free Meals Served	Reduced Price Meals Served	Paid Meals Served
Breakfast			
Lunch			
Snack			
At-risk After School Snack			
Supper			

I certify to the best of my knowledge and belief, this claim is true and correct in all respects, the procedures used to calculate this claim are in accordance with the terms of existing agreements, and records are available to support this claim. I recognize that I will be fully responsible for any excess amounts which may occur as a result of erroneous or neglectful reporting.

Signature of Person Completing Form	Telephone	Date
-------------------------------------	-----------	------

Instructions for completing CACFP Claim for Reimbursement:

DO NOT alter the information in the following boxes: Sponsoring Authority ID, Sponsoring Authority Name, Site ID, and Site Name.

Year is the calendar year. Month is the calendar month. Type of Claim: Original is the first claim entered for this month and Adjusted is a claim filed after the first claim for a month has been paid.

Participants Enrolled is the total number of children enrolled in the center site. Participants Approved Free is the total number of children enrolled who are approved to be claimed for free meal benefits. Participants Approved Reduced-Price is the total number of children enrolled who are approved to be claimed for reduced price meal benefits.

Free Meals Served is the total number of free meals served by meal type (breakfast, lunch, snack, At-risk snack, supper). Reduced Price Meals Served is the total number of reduced price meals served by meal type (breakfast, lunch, snack, supper). Paid Meals Served is the total number of paid meals served by meal type (breakfast, lunch, snack, supper).

Mail or Fax to:

Department of Public Instruction

Child Nutrition Programs

600 E Boulevard Ave. Dept. 201

Bismarck, ND 58505-0440

Fax: 701-328-2461

Week _____ Cycle Menu For _____

Use your CACFP Meal Patterns for breakfast, lunch, and snack to be sure you include all requirements.
Make copies of this form and use a separate form for each week of the cycle.

	Components	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Vegetables and Fruits Grains and Breads Milk					
Lunch	Meat/Meat Alternate Vegetables and Fruits (2 sources) Grains and Breads Milk					
Snack	Serve 2 of these 4 components Meat/Meat Alternate Vegetables and Fruits Grains and Breads Milk					

Menu for: Month _____ Week _____	<h1>Breakfast</h1>	
Day of Week and Number of Meals	Menu	List Food Item and Amount Used
Monday Total number served: Breakfast: _____ Lunch: _____ Snack: _____		
Tuesday Total number served: Breakfast: _____ Lunch: _____ Snack: _____		
Wednesday Total number served: Breakfast: _____ Lunch: _____ Snack: _____		
Thursday Total number served: Breakfast: _____ Lunch: _____ Snack: _____		
Friday Total number served: Breakfast: _____ Lunch: _____ Snack: _____		

Lunch		Snack
Menu	List Food Item and Amount Used	List Food Item and Amount Used

Breakfast

Menu for: Month <u>July 2000</u> Week _____		
Day of Week and Number of Meals	Menu	List Food Item and Amount Used
Monday Total number served: Breakfast: <u>42</u> Lunch: <u>50</u> Snack: <u>55</u>	Pancakes Applesauce Milk – whole/1% Syrup/Margarine	1 - 2 each 1/4 - 1/2 cup each 1/2 – 1 cup each as desired
Tuesday Total number served: Breakfast: <u>39</u> Lunch: <u>48</u> Snack: <u>51</u>	Rice Krispies Banana Milk – whole/1%	3/4 – 1 cup each 1/2 – 1 each 1/2 – 1 cup each
Wednesday Total number served: Breakfast: <u>40</u> Lunch: <u>51</u> Snack: <u>56</u>	Blueberry Muffins Apple Slices Milk – whole/1%	1 – 2 each 1/4 - 1/2 whole each 1/2 – 1 cup each
Thursday Total number served: Breakfast: _____ Lunch: _____ Snack: _____		
Friday Total number served: Breakfast: _____ Lunch: _____ Snack: _____		

Lunch		Snack
Menu	List Food Item and Amount Used	List Food Item and Amount Used
Spaghetti with meat sauce Corn Jello with fruit cocktail Milk – whole/1%	6 1/2# hamburger 1 #10 can of spaghetti sauce 5# noodles 5# frozen corn 1 #10 can of fruit cocktail 1/2 – 1 cup milk each	Cheese – 1 1/2 slices Meat – 1 slice Crackers – 5 each Water
Turkey Vegetable Soup Grapes Crackers Milk – whole/1%	2 1/2# turkey slices 2 1/2# cheese 5 loaves bread soup 5 (50 oz) cans grapes – 6# Crackers – 2 each 1/2 – 1 cup milk each	Choc. Chip Cookies – 1 each Milk – 1/2 – 1 cup each
Hot Dog/Bun Green Beans Carrot Sticks Macaroni and Cheese Milk – whole/1%	1 (8 to 1 lb.) hot dog/bun each 1 #10 can beans 4# carrots 1/2 cup each 1/2 – 1 cup milk each	English Muffin – 1/2 each Peanut butter – 1 TBSP each Apple Juice -1/2 – 1 cup each



INFANT MENU RECORDS
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS
SFN 50661 2/00 G/CACFP/Centers/Getting Started Manual/Appendix H

Appendix H

0 – 7 Months

Breastfed? Center
Supplies
IFIF?

Infant Name	Age	Y/N	Y/N
Hayley	2 m	Yes	N/A
Justin	4m	No	Yes
Alyssa	7m	No	No

8 – 12 Months

Breastfed? Center
Supplies
IFIF?

Infant Name	Age	Y/N	Y/N
Megan	8 m	No	Yes
Christopher	10	Yes	N/A
Erik	11	No	No

IFIF is Iron Fortified Infant Formula
IFIC is Iron Fortified Infant Cereal

Day/Date	Oct. 1	Oct. 2	Oct. 3	Oct. 4	Oct. 5
Breakfast: 4-8 oz. IFIF/breast milk Optional – IFIC	IFIF/BM/IFIC	IFIF/BM	IFIF/IFIC		
AM Snack: 4-6 oz. IFIF/breast milk	IFIF/BM	IFIF/BM	IFIF/BM		
Lunch: 4-8 oz. IFIF/breast milk Optional - fruit/vet. IFIC	IFIF/BM/IFIC	IFIF/BM	IFIF/BM/IFIC		
PM Snack: 4-6 oz. IFIF/breast milk	IFIF/BM	IFIF/BM	IFIF/BM		
Supper: 4-8 oz. IFIF/breast milk Optional - fruit/vet. IFIC					

Day/Date	Oct 1	Oct 2	Oct 3		
Breakfast: 1-4 Tbsp. fruit or vet. (no juice) 2-4 Tbsp. IFIC 6-8 oz. IFIF/ breast milk	Rice IFIC Peaches IFIF/BM	Rice IFIC Bananas IFIF/BM	Mixed IFIC Applesauce IFIF/BM		
AM Snack: 2-4 oz. IFIF/breast milk/juice Optional – crackers/bread	100% juice (white grape)	IFIF/BM Crackers	IFIF/BM Saltines		
Lunch: 1-4 Tbsp. meat/meat alternate and/or 2-4 Tbsp. IFIC 1-4 Tbsp. fruit or veg. (no juice) 6-8 oz. IFIF/breast milk	Ground Beef Green Beans IFIF/BM	Chicken with Chicken Gravy Apple- Blueberry IFIF/BM	Cheese Pears IFIF/BM		
PM Snack: 2-4 oz. IFIF/breast milk/juice optional – crackers/bread	IFIF/BM Graham Crackers	IFIF/BM Toast Strips	100% juice (apple)		
Supper: 1-4 Tbsp. meat/meat alternate and/or 2-4 Tbsp. IFIC 1-4 Tbsp. fruit or veg. (no juice) 6-8 oz. IFIF/breast milk					

0-3 months - A child receiving parent-supplied formula cannot be claimed. A child receiving breast milk only may be claimed.
4 months - 1 year - A child receiving parent-supplied formula may be claimed. A child receiving breast milk may be claimed if required foods are supplied by the center. All meals/snacks claimed must also be included on the meal count form if required or optional foods are supplied by the center.